

=> d his

(FILE 'HOME' ENTERED AT 15:01:36 ON 26 JAN 2005)

FILE 'CAPLUS' ENTERED AT 15:01:58 ON 26 JAN 2005

L1 97460 S CORTICOSTEROID OR CORTICOSTERONE OR DEXAMETHASONE OR PREDNISO
L2 198853 S NICOTINE OR CANNABINOID OR AMPHETAMINE OR COCAINE OR CRACK OR
L3 589 S L1(S)L2
L4 463 S L3 NOT PY>=2001
L5 19 S PREDNISOLONE(S)L2

FILE 'MEDLINE, BIOSIS, EMBASE, SCISEARCH' ENTERED AT 16:05:44 ON 26 JAN
2005

L6 52 S L5
L7 41 S L6 NOT PY>=2000
L8 26 DUP REM L7 (15 DUPLICATES REMOVED)

=> s corticosteroid or corticosterone or dexamethasone or prednisolone or prednisone or prednylidene or triamcinolone or betamethasone paramethasone or fluorocortolone or deflazacort or cloprednol or fludrocortisone

20543 CORTICOSTEROID
41723 CORTICOSTEROIDS
47347 CORTICOSTEROID
(CORTICOSTEROID OR CORTICOSTEROIDS)
24963 CORTICOSTERONE
163 CORTICOSTERONES
25026 CORTICOSTERONE
(CORTICOSTERONE OR CORTICOSTERONES)
30935 DEXAMETHASONE
17 DEXAMETHASONES
30936 DEXAMETHASONE
(DEXAMETHASONE OR DEXAMETHASONES)
10330 PREDNISOLONE
93 PREDNISOLONES
10368 PREDNISOLONE
(PREDNISOLONE OR PREDNISOLONES)
5735 PREDNISONE
16 PREDNISONES
5736 PREDNISONE
(PREDNISONE OR PREDNISONES)
40 PREDNYLIDENE
3668 TRIAMCINOLONE
9 TRIAMCINOLONES
3670 TRIAMCINOLONE
(TRIAMCINOLONE OR TRIAMCINOLONES)
2879 BETAMETHASONE
4 BETAMETHASONES
2879 BETAMETHASONE
(BETAMETHASONE OR BETAMETHASONES)
190 PARAMETHASONE
1 PARAMETHASONES
191 PARAMETHASONE
(PARAMETHASONE OR PARAMETHASONES)
2 BETAMETHASONE PARAMETHASONE
(BETAMETHASONE (W) PARAMETHASONE)
11 FLUOROCORTOLONE
184 DEFLAZACORT
44 CLOPREDNOL
364 FLUDROCORTISONE

L1 97460 CORTICOSTEROID OR CORTICOSTERONE OR DEXAMETHASONE OR PREDNISOLONE OR PREDNISONE OR PREDNYLIDENE OR TRIAMCINOLONE OR BETAMETHASONE OR PARAMETHASONE OR FLUOROCORTOLONE OR DEFLAZACORT OR CLOPREDNOL OR FLUDROCORTISONE

=> s nicotine or cannabinoid or amphetamine or cocaine or crack or mdma or ecstasy

26218 NICOTINE
75 NICOTINES
26226 NICOTINE
(NICOTINE OR NICOTINES)
5237 CANNABINOID
4161 CANNABINOIDS
6089 CANNABINOID
(CANNABINOID OR CANNABINOIDS)
17883 AMPHETAMINE
1666 AMPHETAMINES
18356 AMPHETAMINE
(AMPHETAMINE OR AMPHETAMINES)
18659 COCAINE
45 COCAINES
18664 COCAINE
(COCAINE OR COCAINES)
100494 CRACK
55582 CRACKS
133228 CRACK

(CRACK OR CRACKS)

1301 MDMA

1 MDMA

1301 MDMA

(MDMA OR MDMA)

702 ECSTASY

L2 198853 NICOTINE OR CANNABINOID OR AMPHETAMINE OR COCAINE OR CRACK OR
MDMA OR ECSTASY

=> s 11(s)12

L3 589 L1(S)L2

=> s 13 not py>=2001

4204004 PY>=2001

L4 463 L3 NOT PY>=2001

TITLE: The role of **corticosteroids** in
nicotine's physiological and behavioral
effects

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AB This paper reviews evidence indicating that adrenal
corticosteroids modulate the responsiveness of mice and rats to
nicotine. Adrenalectomy increases, and both acute and chronic
corticosteroid administration decrease, some of the physiologic and
behavioral effects of **nicotine**. One function of adrenal
steroids may be to regulate stress-induced changes in nicotine
sensitivity. Another is to mediate the development of chronic tolerance
when nicotine is given intermittently, and when the resulting tolerance
has a learned component. A role of glucocorticoids in the development of
tolerance to **nicotine** is suggested by the findings that a
conditioned elevation of plasma **corticosterone**, which
anticipates **nicotine** delivery, accompanies the development of
chronic tolerance and that environmental cues evoke a conditioned
corticosterone response, but only after they have become associated
with **nicotine** delivery. The mechanisms by which adrenal
steroids modulate nicotine sensitivity are not known, although recent in
vitro evidence suggests that steroids can rapidly and reversibly reduce
nicotinic receptor function. While most of the data are consistent with
the hypothesis that **corticosteroids** reduce **nicotine**
responsiveness, and thus promote a learned form of tolerance, there are
new findings that **corticosteroids** increase the development of
sensitization to the locomotor-activating effects of **nicotine**.
These data suggest that formulations postulating a unidirectional effect
of **corticosteroids** on **nicotine's** actions (e.g.
decreased sensitivity) must be revised to take into account interacting
variables such as the specific **nicotine** effect being studied and
whether that effect normally exhibits tolerance or sensitization.
Finally, research is presented which indicates that the
corticosterone-elevating effects of **nicotine**, previously
reported for experimenter-administered drug, are also produced when
nicotine administration is contingent on an operant response, and
at a dose which sustains the development of **nicotine**
self-administration in rats. These findings highlight the feasibility of
using self-administration models in future explorations of the
relationship between adrenal steroids and nicotine function.

REFERENCE COUNT: 87 THERE ARE 87 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT